

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/831536 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
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39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	/					TOTAL IND.					
TOTAL DEP.	9	↔				TOTAL DEP.	↔				
TOTAL CLAIMS	10	↔				TOTAL CLAIMS	↔				